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Health Equity Learning Collaborative and CCH National Learning Community

Joint ECHO Session 3

March 7, 2024 | 2:00-3:30 p.m. ET

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A Few Reminders

- ✓Recording and slides will be shared following this session with all participants of the CCH NLC and the HELC

- ✓Please keep yourself muted until open discussion and Q&A

- ✓A live transcript of the meeting is available. To turn on closed captioning, click on the upward arrow next to Live Transcript and select “Captions.” The Captions option may also be available under the icon labeled “More.”

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Welcome and Introductions

Using chat, tell us:

- *Your Name*
- *Your Organization*
- *What is one "ah-ha" moment you experienced from the Joint ECHO Session 2 on February 1st?*

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Agenda

1. Quick Recap of Session #2 with a Focus on Implementation
2. Overview of Principal Illness Navigation
3. Nuts and Bolts of the Management and Business Model for CHI and PIN
4. Case Study “Healthy Ideas” Open Discussion
5. Reminders

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ECHO Learning Framework

- Overview of the ECHO Learning Framework can be found at:
  - https://hsc.unm.edu/echo/what-we-do/about-the-echo-model.html
- Hallmark tenet of the ECHO Learning Framework
  - *"All Teach, All Learn"*
- Participants engage in a virtual community with their peers where they share support, guidance, and feedback
- Goal: Collective understanding of best practices to address complex issues derived from interactive discussions in a virtual group setting

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Disclaimer

"Project ECHO® collects registration, participation, questions/answers, chat comments, and poll responses for some ECHO programs. Your individual data will be kept confidential. These data may be used for reports, maps, communications, surveys, quality assurance, evaluation, research, and to inform new initiatives."

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Quick Recap: **Implementation**

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Case Study: Fayetteville, NC

- Clarence Blackmon is an 81 y/o male with a history of cancer.
- Recently discharged from the hospital after an extended hospitalization for cancer treatment.
- Lives alone in an apartment.
- Medicare Eligible and a Veteran.
- Discharged home with food insecurity.
- Discharge weight 115 lbs.
- Please use the following link to watch the short video: http://abc11.com/society/elderly-cancer-patient-calls-911-because-he-has-no-food-/718448/

You are the CBO

Patient assigned to you for CHI. What actions do you take?

- What is the potential impact of food insecurity on his clinical health outcomes?
- List the CHI Services that could have been deployed to avert the use of 911 to address his food insecurity?
- What social care interventions could address his needs?
- Can CHI services deploy to support a hospital discharge?
- Can CHI services be deployed to support a discharge from a Skilled Nursing Facility (SNF)?
- Can CHI services be deployed to support a person in the ED with HRSNs?
- Would the time spent identifying the resources required to address his HRSNs be counted in the CHI time aggregate for the calendar month?
- Can your organization be reimbursed for the time spent attempting to address the HRSNs, even if you were unsuccessful in addressing the identified social needs?

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What Did You Learn?

Initiating Visit

Ms. Jones was seen in the emergency department and was identified as having housing insecurity. **Does the emergency department visit count as the initiating visit for CHI?**

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What Did You Learn?

Paying for Food for Persons with Food Insecurity

Mr. Smith has diabetes and reports that often he cannot afford to purchase food that is required for his diet. **Can the CBO get CHI reimbursement for the cost of food that is provided to Mr. Smith?**

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What Did You Learn?

New HRSNs identified

Mr. Jones was referred for CHI services to address transportation insecurity and difficulty obtaining his medications. The CHW makes a home visit and Mr. Jones presents a new eviction notice and asks for help with housing. **Can the CHW immediately start addressing the new HRSN of housing insecurity?**

What Did You Learn?

Calculate reimbursable CHI Time for Addressing Housing Insecurity	Time
CHW drives to Continuum of Care to determine eligibility for a housing voucher.	30 min.
CHW meets with CoC and reviews requirements to apply for a housing voucher on behalf of the patient.	45 min.
CHW drives back to the office and has a call, during the drive, with a low-income housing unit to determine if they have vacancies.	15 min.
CHW drives to meet with the patient to discuss housing options.	30 min.
CHW meets with patient to discuss all available housing options.	30 min.

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What Did You Learn?

Consent

Ms. Anderson reports to her physician that she cannot obtain her insulin due to copays and she has food insecurity. She asks for help with these issues. **Does her report of these HRSNs and request for help qualify as obtaining consent for CHI?**

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Overview of Principal Illness Navigation

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PIN Clinical Application

- Reimbursement for providing healthcare navigation services for persons with a serious, high-risk disease **expected to last at least 3 months**, that places the patient at significant risk of hospitalization or nursing home placement, acute exacerbation/decompensation, functional decline, or death.

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Example Conditions Eligible for PIN Services

- Dementia
- Diabetes
- Heart Failure
- HIV
- Serious Mental Illness

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PIN Services

List of PIN Services		
Person-Centered assessment	**Patient-driven goal setting**	Providing tailored support
Coordinating Home and Community Based Care	Communicating with practitioners and HCBS services	**Coordination of care transitions**
Facilitating access to social services	Health education	Building self-advocacy skills
Health care access/health system navigation	Helping the patient access healthcare	Providing the patient with information/resources to consider participation in clinical trials
Facilitating behavioral change	**Facilitating and providing social and emotional support**	Leverage knowledge of the serious condition

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Principal Illness Navigation Rate*

HCPCS	Descriptor	Non-Facility Rate	Facility Rate
G0023	PIN Service, 60 minutes per month	$79.24	$48.79
G0024**	PIN Service, add 30 min	$49.44	$34.05
G0511 (FQHCs/RHCs)	Each eligible CHI service	$70.71 (Flat Fee)	

*The rates listed are the published National Rate. There will be some variation in the rate depending on the MAC and local market where services are being rendered.

**For CY2024, CMS is not establishing a cap on the number of G0024 add-on units per calendar month. Each 30 minutes spent would be added to support additional reimbursement.

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Principle Illness Navigation Case Study Example

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PIN Case Study Example

- John is a 70 y/o male with a history of CHF, arthritis, and has reduced mobility.
- He lives alone in a senior apartment complex.
- His sister reports that he is frequently withdrawn and socially isolated.
- John's sister takes him to his doctor because she notices that he is drinking frequently.

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PCP SDOH Risk Assessment

- PCP completes a depression screen and alcohol use screen.
- John admits that he often drinks a fifth of vodka in a day.
- Diagnosis:
  - CHF
  - Arthritis
  - Clinical depression
  - Alcoholism

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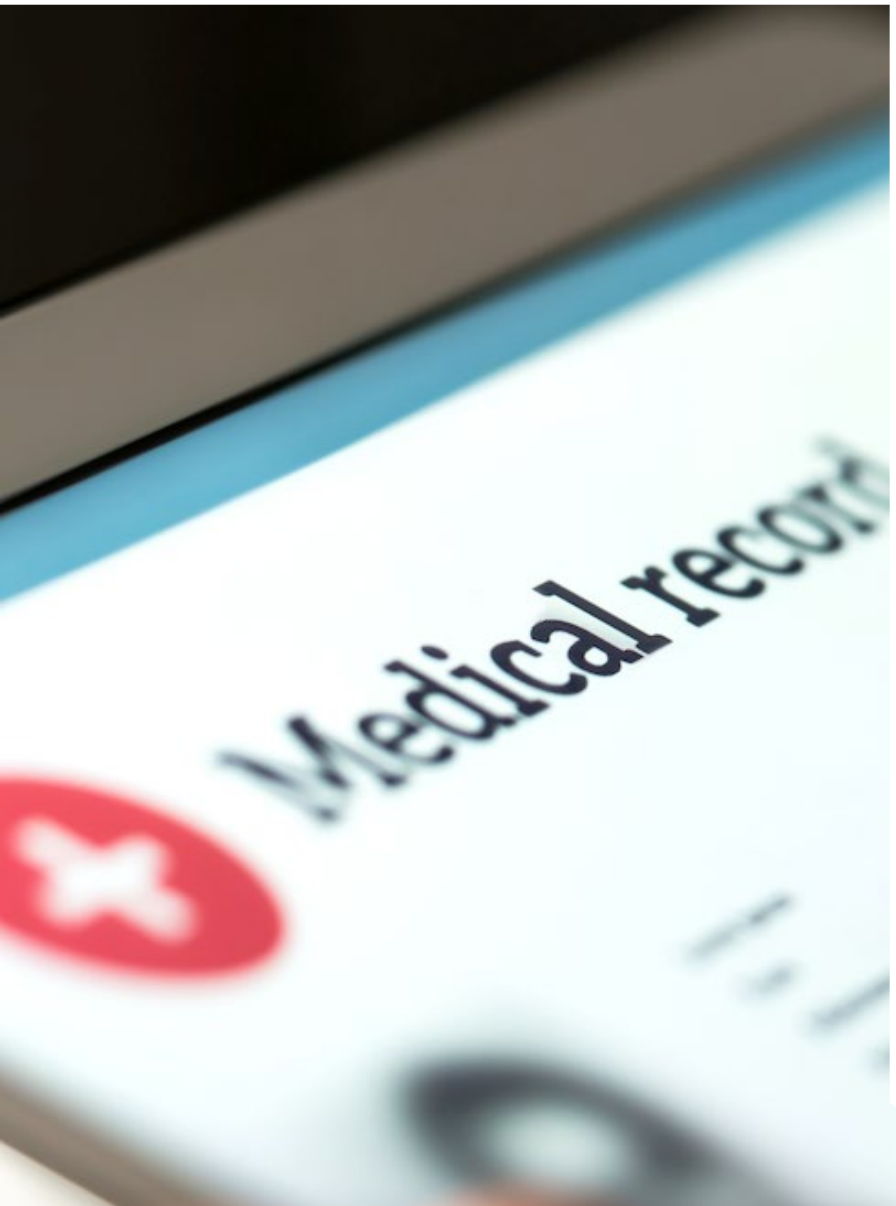

PCP Treatment Plan

- Principal Illness Navigation to address worsening depression and alcoholism.
- Deploy an evidence-based intervention.
- Referral made to Healthy IDEAS program.
  - https://healthyideasprograms.org/about/
- Goal:
  - Achieve remission from depression within 12 months. (ACO clinical measure)

PCP Orders CHI Services

- CHW
- Completed training on the Healthy IDEAS program.
- Deploys a short-term focused intervention to support better management of depression symptoms.
- Completes goal setting with John.
- Encourages engagement in meaningful activities.

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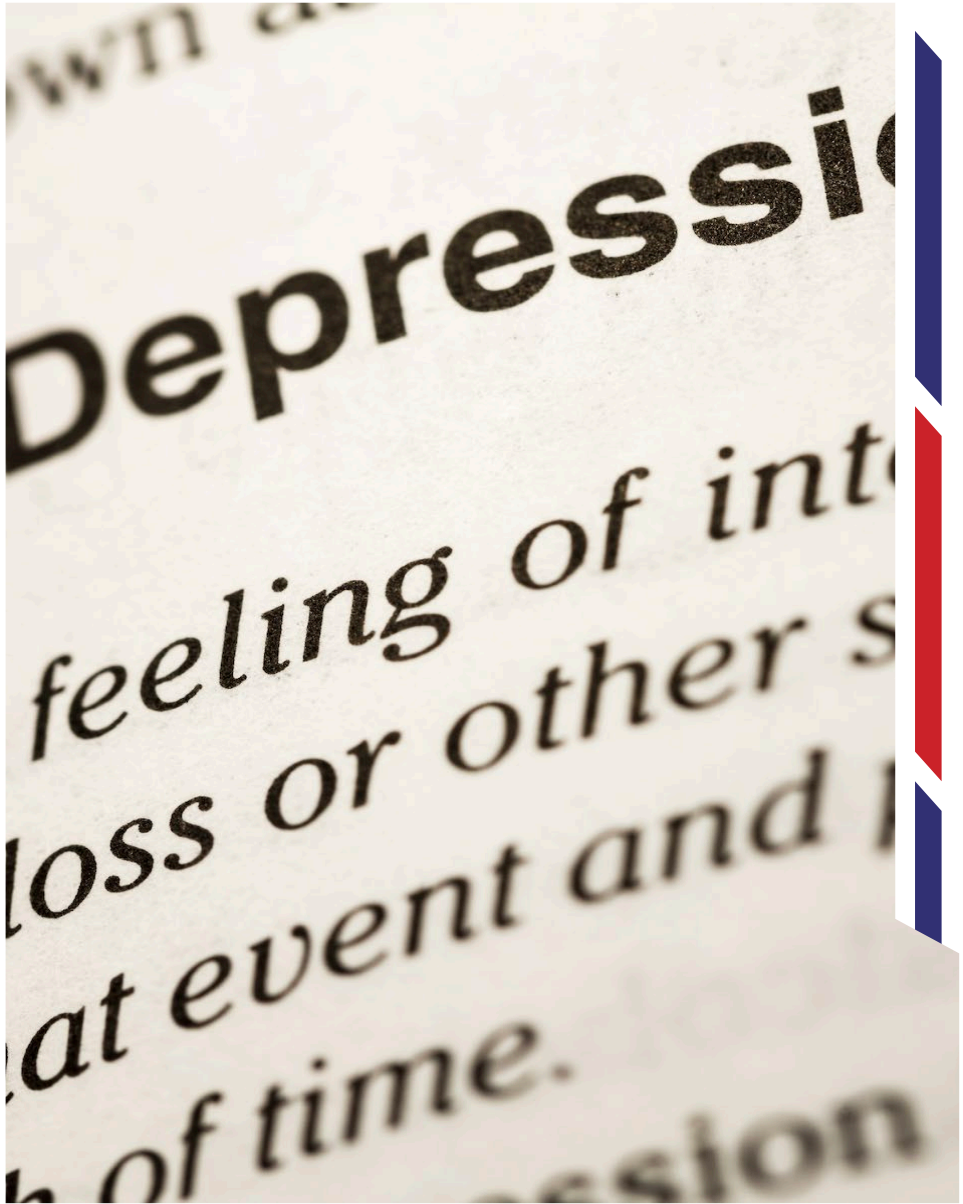

PIN Intervention: Healthy IDEAS

- **Step 1:** Screen and assess clients for depressive symptoms (PHQ-9).
- **Step 2:** Educate clients about treatment options and self-management.
- **Step 3:** Refer and link clients to primary/mental health care.
- **Step 4:** Engage clients in Behavioral Activation, an approach to depression management that helps clients combat the inactivity commonly associated with depression.
- **Step 5:** Reassess client progress (PHQ-9).

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CHW Participates in Care Team Meetings

- CHW provides a summary of tailored support provided at weekly team meetings.
  - Baseline PHQ-9.
  - Self-Management education provided.
  - Behavioral Health activation plan.
  - Repeat PHQ-9 scores to show progression of depression symptoms.

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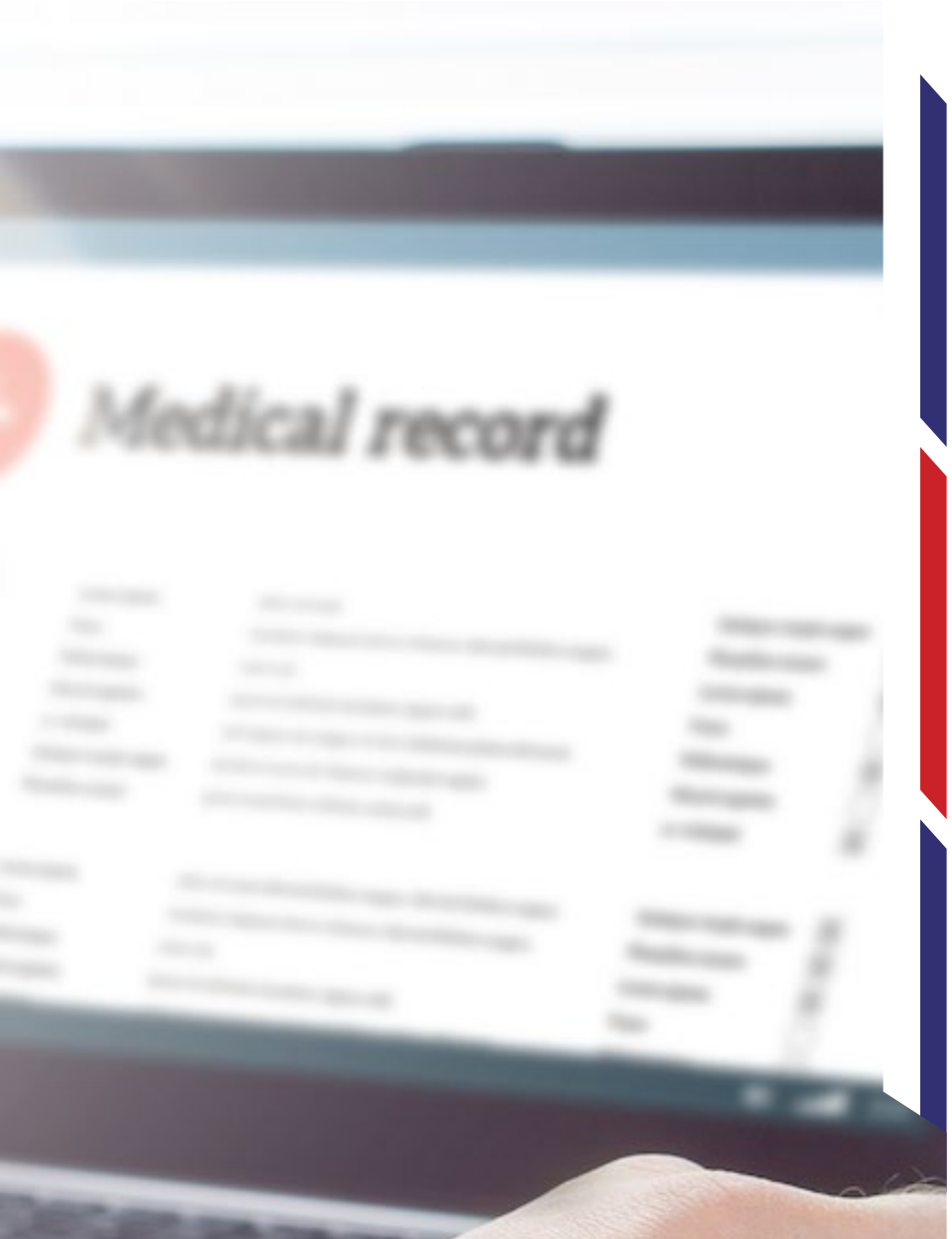

CHW EMR Documentation Requirements

- Each PIN intervention deployed to address depression and alcoholism.
- Baseline PHQ-9.
- Repeat PHQ-9 score documenting progression of depression symptoms.
- Meetings with members of the care team to discuss integrated care requirements.
- Assessment of the impact of Healthy IDEAS activities.
- Time spent for each activity
  - Start time
  - Stop time
  - Total of time for each encounter
  - Aggregate of time per calendar month

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Nuts and Bolts of the Management and Business Model for CHI and PIN

Business Model

- CHI/PIN/PIN-PS provides reimbursement for labor that is based on time spent working on behalf of the beneficiary.
- Must determine the fully burdened labor rate.
- Compare the fully burdened labor rate to reimbursement.
- Margin = Reimbursement – [fully burdened rate + incidentals].

Calculating the Fully Burdened Rate

- Average employee's labor burden is 24%
  - Wages
  - Payroll taxes including FICA, payroll taxes
  - Workers compensation insurance
  - Health insurance and other benefits
  - Retirement benefits
  - Paid Leave
  - Annual overhead costs
- Average Burden Rate Calculation: Wage of $25 + 24% burden = $31
- With generous benefits the fully burdened rate could be as high at $40+ (50+% burden rate)
- Reimbursement = $79.24

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Healthy Ideas Case Study Discussion

Case Study Discussion

- Clinician is in an ACO and has implemented a process to screen patients for depression during their scheduled medical visits.
- Clinician and CBO meet to discuss implementing Healthy IDEAS for every person that screens positive for depression.
- Clinician has questions before she will agree to contract with the CBO to implement Healthy IDEAS.

Pre-Contract Phase

- Clinician is worried that there would be a violation of **Stark Laws** if she enters into a contract with the CBO and makes referrals to the CBO to receive Healthy IDEAS and bill for PIN.
  - Section 1877 of the Social Security Act (the Act) (42 U.S.C. 1395nn), also known as the **physician self-referral law**:
    - Prohibits a physician from making referrals for certain designated health services payable by Medicare to an entity with which he or she (or an immediate family member) has a financial relationship, unless the requirements of an applicable exception are satisfied; and
    - Prohibits the entity from filing claims with Medicare (or billing another individual, entity, or third-party payor) for any improperly referred designated health services.

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Pre-Contract Phase

Use chat or come off mute:

- How would this issue be addressed?
- Are there references in the CMS rule that can be shared with the clinician outlining the option of contracting with a CBO?
- The clinician states that we can just start referring and we do not need to have a special contract to implement PIN. *Is this correct?*
- The clinician asks how we should make referrals to the CBO given that the clinic medical assistants are doing the depression screening for patients when the patient checks in for vital signs.
  - *What are the best options for the referral process given the screening model?*

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Contract Negotiation Phase

<u>Use chat or come off mute</u>:

- The CBO calculates at fully burdened rate of $45
  - *What are ways that the CBO could reduce the fully burdened rate?*
- The Clinician states that the clinic wants to keep 50% of the PIN collections ($39.62).
  - *Is this a viable business model?*
  - *What should be the counteroffer be to the clinician?*

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Contract Negotiation Phase

Use chat or come off mute:

- The CBO negotiates for 90% of the collections to account for clinician overhead and billing expenses. The Clinician states that they want a measure to determine if the relationship increases revenue to the practice.
  - *What are possible measures that could be tracked to show the financial impact to the practice by implementing PIN, using CBO staff?*
  - *Are there examples in the literature that can be used as a basis for answering this question?*

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Reminders

CCH National Learning Community Reminders

- Next NLC Small Group Meeting: March 28 @ 2:00pm ET
- CCH National Learning Community ECHO: April 11th @ 2:00pm ET
- Individual TA is available for NLC members to request
  - Individual TA FAQ
  - TA Request Form

Until then, please continue to engage with us and your peers in the TA Community.

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Community-Driven, Multi-Payer Health Equity Solutions: *An ECHO Collaborative*

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HELC Reminders & Requests

- ✓Make sure that the Partnership has contact information for all Community-Clinical Team Members as they are committed.
  - Please make changes/additions through this form: https://forms.gle/Yp4XWjFKKPmAuW5k7

- ✓Submit your Community-Clinical Team Profiles by **EOD on Friday, March 15**

- ✓Schedule your CCT Call with the HELC Staff Team using this link: https://calendly.com/helc-community-clinical-team-mtgs/helc-community-clinical-team-mtgs?month=2024-03

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Upcoming Meetings

- **HELC (only) Peer Learning ECHO® Session**
  - Thursday, March 21 @ 2:00-3:30 p.m. ET

- **April 2024 – March 2025** the HELC Participants will continue to meet on the **1st and 3rd Thursdays of the month from 2:00-3:30 p.m. ET**

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Additional Learning Opportunities

✓ **Mark your calendar!**

Wednesday, April 2 @ Noon-1:00 p.m. ET

New Resource and Webinar on Community Health Integration and Principal Illness Navigation Medicare Codes

- The Partnership is developing resources to address the core concepts required to implement CHI and PIN services.
- This webinar will discuss the **first** of those resources, ***A Primer: Understanding the Medicare Physician Fee Schedule Billing Codes for CHI, PIN, and PIN-PS Services*.**
  - *PRIMER COMING SOON!*
- Webinar will include the **opportunity for questions and answers** to inform planning for and implementation of CHI and PIN services.

REGISTRATION LINK:
https://us06web.zoom.us/webinar/register/WN_1u0rbEqYQ7yop3dIv6IMxw#/registration

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Thank you!

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